

# North Dakota Hospital Association Innovate-ND

May 19, 2020

## UPCOMING EDUCATIONAL EVENTS

### IHI Age-Friendly Webinar Assessing and Acting on the 4Ms as a Set

05/20/20 | 1:00-2:00 p.m. CT

Join [WebEx](#)

Password: agefriendly

\*By phone only: 1-866-469-3239,  
Access Code: 627 389 761

### Healthy Transitions — A Return to Work Solution

05/21/20 | 2:00-3:00 p.m. CT

Click [here](#) to register.

### POLST Conversations and Implementation ZOOM Events

- 05/20/20
- 06/24/20
- 07/22/20
- 08/13/20
- 09/09/20

Select to attend either the 10:00-11:00 a.m. or 2:00-3:00 p.m. CT event.

Click [here](#) to register for one of the events.

### Diabetes Care TeleECHO

05/15/20 | Diabetes in the Hospital  
(Recording available [here](#))

06/19/20 | Diabetes Technology

07/17/20 | Behavioral Issues in  
Diabetes

08/21/20 | Weight Management in  
Diabetes and Prediabetes (lifestyle)  
To join, contact:

[Julie.a.reiten@und.edu](mailto:Julie.a.reiten@und.edu)

### ND Geriatric and Age-Friendly TeleECHO

Sessions are offered the second  
Tuesday of each month from 12:00-1:00 p.m. CT

Register [here](#).

## DATA SUBMISSION REMINDER

Remember during the gap period data is being collected in REDCap. While this is not mandatory, we encourage you to report on all patient safety measures applicable to your hospital every month. Thank you to the 19 hospitals who are already entering data in this system. We do need to have a new data use agreement with each hospital. It is **not** necessary for your CEO to have a REDCap account **in order to submit the agreement**, only the link: <https://redcap.link/ndhiindua>.

To access the REDCap system, there are a couple of easy steps:

- 1) Access REDCap: <https://redcap.qualityhealthnd.org>
- 2) If you have a REDCap account, use those credentials to login
- 3) If you do not have a REDCap Account, contact Jon or Nathan to set up an account  
Jon Gardner: [jgardner@qualityhealthnd.org](mailto:jgardner@qualityhealthnd.org)  
Nathan Britnell: [nbrintnell@qualityhealthnd.org](mailto:nbrintnell@qualityhealthnd.org)
- 4) REDCap Navigation Instructions  
link: <https://www.qualityhealthnd.org/wp-content/uploads/Using-REDCap-for-HIIN-data-collection.pdf>
- 5) Complete the Data use agreement provided in REDCap
- 6) Enter data on a monthly basis

Contact Nikki at [nmedalen@qualityhealthnd.org](mailto:nmedalen@qualityhealthnd.org) or 701-989-6236 if you need additional assistance. As data is not required, Nikki will not be sending reminders. However, she will be reviewing the data and making contact regarding on data that appears questionable in an effort to maintain accuracy.

## SHOUT OUTS/NEWS BLASTS

### Day-in-the-life Video of an ICU Nurse Marks "Health Care Heroes Month"

To help demonstrate what it takes to be a health care hero, an intensive care unit nurse created a poignant video about life on the front lines at Hartford HealthCare in Connecticut. See the [video](#), released by the hospital for its "Health Care Heroes Month."

Whether working with COVID patients, anticipating the needs of your community, or furloughed as healthcare focuses attention away from your area of expertise and passion; we thank you, support you, and admire the sacrifices you are making. - Nikki

06/09/20 | Minimum Cognitive Impairment  
07/14/20 | Beyond POLST  
08/11/20 | Prescription for Physical Activity  
08/09/20 | Medication Update  
10/13/20 | Depression in Older Adults  
11/10/20 | Decisional Making Capacity

### Alzheimer's Association – ND Chapter

If you, your staff, your residents or their families ARE STRUGGLING WITH THE IMPACTS OF DEMENTIA, PLEASE CHECK OUT CARE CONSULTATION, provided FREE ONLY in North Dakota by funding through the ND Department of Human Services, Aging Services Division.



### CARE CONSULTATION



Care Consultation is an important program for professionals who are working with individuals with memory loss. The program is designed to provide disease education, support, and care planning for all aspects of memory loss. As a professional who receives care consultation, you will receive individualized assistance to support your clients, their family care partners and other members of your staff in effectively managing memory loss symptoms and issues.



This project is supported by funding through the North Dakota Department of Human Services, Aging Services Division.

alz.org 24/7 Helpline: 1.800.272.3900

## RESOURCES

### LISTSERV®

[Sign up](#) and help meet our goal of approximately 1,000 subscribers per LISTSERV® topic. These platforms enable peer-sharing and are used to promote virtual events and highlight innovative topic-

### HIIN = PIN!

CMS has requested that the term HIIN or Hospital Improvement Innovation Network be retired and all references to this work be Performance Improvement Network (PIN). Please keep this in mind for any reference to the work done between October of 2016 to March 2020 for this program.

### Get Ready for Community Health Improvement Week 2020!

## Community Health Improvement Week

June 1-5, 2020



**CELEBRATE**

Join the conversation at #chiweek and #healthcareheroes  
For more information visit [aha.org/chiweek](http://aha.org/chiweek)

Community Health Improvement Week (June 1-5, 2020) celebrates people coming together to create healthier communities. And that's never been more important than now.

Throughout the COVID-19 pandemic, we've heard about endless acts of bravery, care, kindness and support. Neighbors are cheering on health care workers as they begin their shifts. Restaurants are providing hospitals with free meals. Hospitals are partnering with local food banks to distribute food. Volunteers are delivering groceries to older adults. And community residents are sharing inspirational messages on sidewalks.

To celebrate Community Health Improvement Week, AHA will be sharing stories about hospital-community partnerships and people making a positive difference to protect the health of their communities and take care of each other during these challenging times. And we need your help.

***Tell us how your hospitals, public health organizations, community-based organizations and all people in your communities are caring for each other. We'll use your stories to honor and thank them for doing their part to help combat coronavirus, reduce its spread and cope with a new normal. Click [here](#) to submit your story.***

Be sure to follow us throughout Community Health Improvement Week on our [website](#) and on social media at #chiweek and #healthcareheroes for these stories and more. We'll have ideas, activities and actionable resources to recognize and honor hospital and community health professionals for their dedication to helping people enjoy healthier and happier lives. They truly deserve our thanks and support.

## COVID-19 NEWS AND RESOURCES

### TeamSTEPPS for the COVID-19 Crisis

High-functioning teams are needed now more than ever. AHA Team Training, along with their faculty partners, has produced a limited video series: *TeamSTEPPS for the COVID-19 Crisis* that features TeamSTEPPS tools designed to optimize teamwork and communication, two skill sets that are especially needed during the

specific strategies to reduce harm. New subscribers are added on the first day of each week. [Send your questions](#) on your work with hospital-acquired conditions through the LISTSERV.

### On the Web

The HRET HIIN website is a one-stop-shop for all HRET HIIN information and events! Check it out at [www.hret-hiin.org](http://www.hret-hiin.org).

### Social Media

Follow the HRET HIIN on Twitter [@HRETtweets](#)! Here they'll be promoting virtual events, highlighting recruitment numbers, state partners and hospitals! Retweet, reply or like their posts and share your HIIN journey using #WhyImHIIN.

You can also join the HRET-HIIN on Facebook and LinkedIn. Follow the instructions for joining by clicking on the correlating icon on the right-hand side of the page when you log onto the HRET HIIN website ([www.hret-hiin.org](http://www.hret-hiin.org))

### INNOVATE-ND SUPPORT TEAM

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pandemic. Each bite-sized video focuses on one TeamSTEPPS tool and how it can be used in real-life COVID-19 scenarios. To view the entire video series, please click on the [TeamSTEPPS for the COVID-19 Crisis Playlist](#). To view individual videos, click on the TeamSTEPPS tool specific videos below:

Individuals Videos:

- [Brief, Huddle, Debrief](#)
- [Task Assistance](#)
- [CUS](#)
- [STEP](#)
- [SBAR](#)
- [Closed Loop Communication](#)

### CMS Provides Eligibility Relief for Hospitals

The Centers for Medicare & Medicaid Services (CMS) recently provided hospitals with new Medicare blanket waivers to address the COVID-19 public health emergency. The waivers expand hospitals' ability to offer swingbed services for patients who do not require acute care but do meet the skilled nursing facility level-of-care criteria. This waiver provides additional options in the case where hospitals are unable to find placement in SNFs.

The policy also provides relief by waiving, for the duration of the public health emergency, eligibility requirements for the following:

- Hospitals classified as sole community hospitals, in which CMS waived distance, market-share and applicable bed requirements; and
- Hospitals classified as Medicare-dependent, small rural hospitals, in which CMS waived eligibility requirements that the hospital has 100 or fewer beds during the cost reporting period and at least 60% of the hospital's inpatient days or discharges were attributable to individuals entitled to Medicare Part A benefits during the specified hospital cost reporting periods.

Both eligibility waivers are intended to assist hospitals in meeting their communities' needs, including increasing hospital capacity and promoting COVID-19 patients' appropriate cohorting.

### Visitor Procedures After COVID

As your facilities begin to consider what your visitation policy might look like post-COVID-19, there may be room for permanent process change and improvement.

- Do you have visitor tracking policies/procedures?
- Do you utilize a check-in/sign-in process?
- Are visitors specifically identified (stickers, arm bands, badges)?

If you have visitor tracking policies or procedures that you utilize, please share with [Nikki](#) to be published in a future newsletter.

### CDC Warns of Rare Pediatric Condition Stemming from COVID-19

The Centers for Disease Control and Prevention (CDC) yesterday issued a health advisory warning of COVID-19-associated multisystem inflammatory syndrome in children. CDC recommends that health care providers report "any patient who meets the case definition to local, state,

and territorial health departments to enhance knowledge of risk factors, pathogenesis, clinical course, and treatment of this syndrome." The agency provides the following case definition for potential MIS-C patients:

- Individuals under the age of 21 presenting with fever, laboratory evidence of inflammation and evidence of clinically severe illness requiring hospitalization, with multisystem organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); and
- No alternative plausible diagnoses; and
- Positive for current or recent SARS-CoV-2 infection by reverse transcription polymerase chain reaction, serology or antigen test; or COVID-19 exposure within the four weeks prior to the symptoms' onset.

\*Fever >38.0°C for ≥24 hours, or report of subjective fever lasting ≥24 hours

\*\*Including, but not limited to, one or more of the following: an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin

- Some individuals may fulfill full or partial criteria for Kawasaki disease but should be reported if they meet the case definition for MIS-C.
- Consider MIS-C in any pediatric death with evidence of SARS-CoV-2 infection.

### **Addressing Emotions on the Frontlines**

A new AHA resource, "[Addressing Emotions on the Frontlines](#)," provides techniques and scripting for front-line providers to use when patients are experiencing increased emotion, worry or frustration. Using empathy, active listening and transparency enables hospital staff to provide support for patients and their families, build trusting relationships and diffuse conflicts even in times of crisis.

### **Do You Know a #COVIDhero? Help the ACS Recognize Them**

Over the past couple of months, North Dakota health care and public health professionals have demonstrated incredible leadership in the most difficult of times. The American Cancer Society would like to recognize and celebrate local #COVIDheroes for their service.

To nominate someone who has made significant contributions to the local COVID-19 response, simply email [Shannon Bacon](#) the following information:

- Name of Nominee
- Title/Organization
- Brief description of why they are being recognized as a COVID Hero (2-3 sentences is fine)
- Social media account(s) of nominating organization and/or individual if applicable

#COVIDheroes will be recognized on American Cancer Society local social media channels. Below is an example of a recent #COVIDheroes post which was shared widely and brought positive attention to the important work happening in our region:





## PATIENT SAFETY

### Work on Balance

*Excerpt from Reader's Digest, 11/19*

Falls are one of the most over-looked health threats facing older adults, says Alan Castel, PhD, principal investigator for the Memory and Lifespan Cognition Lab at the University of California, Los Angeles, and author of *Better with Age: The Psychology of Successful Aging*. According to the CDC, the death rate from falls rose 31 percent from 2007 to 2016. Taking yoga or tai chi has been found to be especially effective, but balance can be sharpened in less formal ways. "I practice it every morning when I am brushing my teeth by standing on one leg for one minute, and then switching," Castel says. New ideas for activity and PT?

### Combining Gout Drug Colchicine and Antibiotic Clarithromycin Can be Fatal

Patients who receive both colchicine and clarithromycin may suffer life-threatening and sometimes fatal reactions, according to an AHRQ-funded study published in *Drug Safety*. Some of these interactions resemble other diseases, underscoring the importance of patients' and providers' awareness of potential risks. Colchicine, sold as Colcrys® and Mitigare®, is used to treat gout and familial Mediterranean fever in addition to other inflammatory conditions. Clarithromycin, sold as Biaxin®, is prescribed for bacterial respiratory infections and stomach ulcers. In their review of 58 reports of colchicine-clarithromycin interactions that resulted in

adverse outcomes, researchers found 30 cases in which patients died, possibly from taking colchicine and clarithromycin concurrently. Click [here](#) to access the abstract.

### **Standard Approach to Measuring Depression Can Advance Quality of Care**

Use of a standard approach for measuring depression in both clinical and research settings has the potential to significantly improve quality of care. In an AHRQ-sponsored study, funded by the Office of the Secretary Patient-Centered Outcomes Research Trust Fund and published in *Annals of Internal Medicine*, researchers described a project to develop uniform measures that make it possible to link and compare data, enabling new depression research and quality improvement efforts. To identify standard measures, the researchers gathered inputs from organizations that collect depression data, conducted a literature review and convened a workgroup to narrow the list to 10 broadly relevant measures. Access the [abstract](#) of the study and a related AHRQ white paper, [Standardized Library of Depression Outcome Measures](#).

## **PFE/AGE FRIENDLY**

### **Proactive Conversations that Support Providers and Patients**

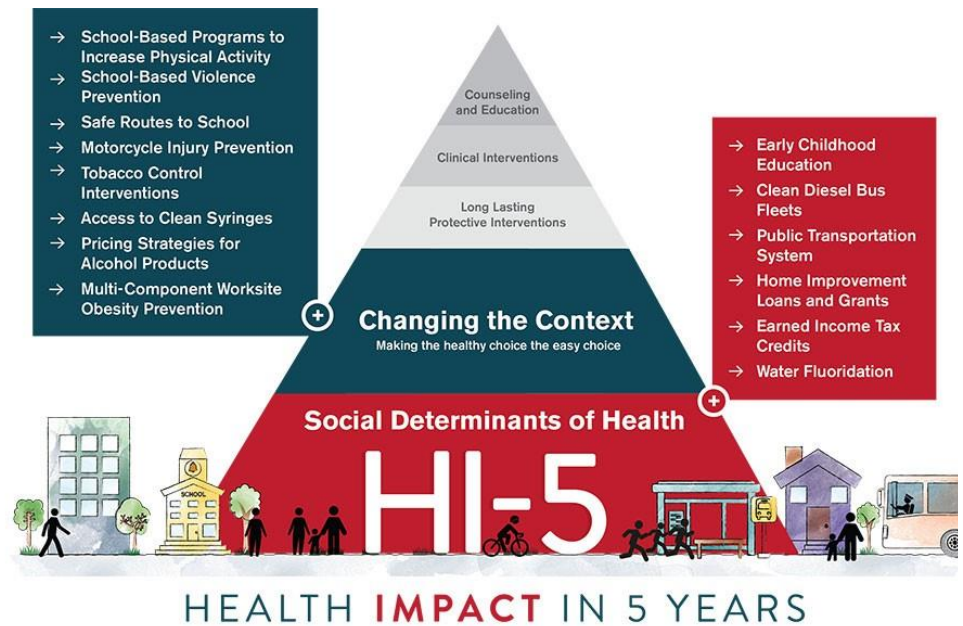
A new AHA resource, "[Proactive Conversations that Support Providers and Patients](#)," addresses the importance of identifying and documenting critical information about a patient's language preference, emergency contacts, and advance directives to ensure patient communication preferences and treatment preferences are understood and respected throughout the continuum of care. Additionally, the resource provides scripting for frontline staff to quickly and easily collect this critical information.

## **SOCIAL DETERMINANTS OF HEALTH**

### **Health Impact in Five Years**

Achieving lasting impact on health outcomes requires a focus not just on patient care, but on community-wide approaches aimed at improving population health. Interventions that address the conditions in the places where we live, learn, work, and play have the greatest potential impact on our health. By focusing on these "social determinants of health" (SDOH) and on "changing the context to make healthy choices easier," we can help improve the health of everyone living in a community.

The Health Impact in 5 Years (HI-5) initiative highlights non-clinical, community-wide approaches that have evidence reporting 1) positive health impacts, 2) results within five years, and 3) cost effectiveness and/or cost savings over the lifetime of the population or earlier.



[View](#) and download [slides](#) about HI-5 and the 14 evidence-based, community-wide interventions.

Download a printable version of the [HI-5 Overview](#).

The public health impact pyramid visually depicts the potential impact of different types of public health interventions. At the base of the pyramid are those interventions that have the greatest potential for impact on health because they reach entire populations of people at once and require less individual effort. The HI-5 Initiative maps directly to the two lowest tiers of public health pyramid with the greatest potential for impact.

### Health Conditions that the HI-5 Interventions Address

Community-wide approaches can have broad health impact, often addressing several health conditions at once. Below is a list of the health outcomes that HI-5 interventions can prevent or reduce:

- Anxiety and Depression
- Asthma
- Blood Pressure
- Bronchitis
- Cancer
- Cardiovascular Disease
- Child Abuse and Neglect
- Cognitive Development
- Infant Mortality
- Liver Cirrhosis
- Motor Vehicle Injuries
- Obesity
- Dental Caries
- Pneumonia
- Sexually Transmittable Infections
- Sexual Violence
- Teenage Pregnancy
- Traumatic Brain Injury
- Type II Diabetes
- Youth Violence

## **Spiritual First Aid**

*(Please share with your hospital chaplain)*

Spiritual First Aid (SFA) is an evidence-informed, peer-to-peer, disaster spiritual and emotional care intervention. SFA was developed to take the “guess work” out of providing disaster spiritual and emotional care by turning research findings into practical helping methods. Each of the principles and practices are based on scientific research and spiritual insights.

The goal of SFA is to reduce distress by identifying and responding to unmet core needs: Belonging, Livelihood, Emotional, Spiritual, and Safety needs.

Spiritual First Aid resources and manual are available at <https://www.spiritualfirstaidhub.com/>.

## **PFE**

### **Proactive Care Planning and Respecting the Patient and Family Choice**

*AHA PI Rural CAH Listserv | 05/18/20*

A new AHA resource, “[Proactive Care Planning and Respecting the Patient and Family Choice](#)” provides clinical teams a clear plan detailing what matters most to each patient and honors the preferences of the patient and family. This scripting tool helps care teams proactively ask patients about the type of care they prefer, should they become severely ill, helps address their uncertainty as well as that of their family members.

### **20 Examples of Patient and Family Engagement Strategies**

*Becker's Hospital Review*

The American Hospital Association Committee on Research offers 20 examples of patient and family engagement strategies in its report, “[Engaging Health Care Users: A Framework for Healthy Individuals and Communities](#).”

The report examines how four different groups—communities, healthcare organizations, healthcare teams and individuals—can enhance patient engagement.

Here are the 20 examples of patient and family engagement strategies, as described in the report:

#### **Community**

1. Provide health education and health literacy classes
2. Provide healthy cooking and physical education classes
3. Use patient navigators and peers to provide support
4. Make local policy changes that promote healthier lifestyles (e.g., eliminating sugary drinks from school cafeterias)

#### **Organization**

5. Use volunteers or patient advocates to support care



- 6. Involve patients and families in patient and family advisory councils, governance and other committees
- 7. Remove restrictions on visiting policies for families
- 8. Open access to medical records
- 9. Use email and social media technology (e.g., Facebook, Twitter)

**Healthcare Team**

- 10. Use bedside change-of-shift reports
- 11. Involve patients and families in multidisciplinary rounds
- 12. Use patient- and family-activated rapid response
- 13. Provide shared decision-making tools
- 14. Use patient teach-back
- 15. Use clinic-based multidisciplinary care teams

**Individual** (patients and families)

- 16. Seek health information and knowledge
- 17. Adhere to treatment plans and medication regimens
- 18. Participate in shared decision-making
- 19. Use online personal health records
- 20. Engage in wellness activities